



CALIFORNIA ANCILLARY PROVIDER NETWORK PARTICIPATION REQUEST FORM

~ Health Net of California ~

Instructions to Ancillary Provider:

- This form allows ancillary providers to request participation in the Health Net of California network.
- You should complete the form and then mail or fax it directly to Health Net per instructions below.
- Health Net will review your request to ensure you meet current requirements for participation, as well as filling network needs for your specialty. **Health Net will respond to the request within 30 working days from date of receipt of this form.**
- Please note that acceptance of a provider's request form does not guarantee acceptance into the Health Net Ancillary Provider Network.

PROVIDER INFORMATION	
PROVIDER NAME:	
STREET:	
ADDRESS:	CITY: STATE: ZIP CODE:
TELEPHONE #:	FAX #:
NPI #:	
EMAIL ADDRESS:	
ANCILLARY SPECIALTY(S) ¹ :	
TAX ID #(s):	CONTRACTING CONTACT:
MEDICARE CERTIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDI-CAL PARTICIPANT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MULTIPLE LOCATIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICE AREA:
ADDITIONAL INFORMATION:	

RETURN THIS FORM WITH A W-9 TO:

Ancillary Network Management
 Attn: Provider Nominations
 Health Net of California, Inc.
 101 North Brand Blvd., Suite 1500
 Glendale, CA 91203
 FAX: (818) 543-9187

¹COVERED ANCILLARY SPECIALTIES

Ambulance
 Ambulatory Surgery Center (ASC)
 Community Based Adult Services (CBAS)
 Dialysis Facilities
 Durable Medical Equipment (DME)
 Family Planning Clinics*
 Hearing Aid Providers*
 Home Health
 Home Infusion
 Hospice
 Laboratory*

Long Term Acute Care (LTAC)
 Mental Health & Substance Abuse -
Facility Providers only*
 Orthotics/Prosthetics (O&P)
 Ostomy & Medical Supplies
 Radiology/MRI/PET*
 Skilled Nursing Facilities (SNF)
 Sleep Study Centers*

***Note:** Contracts for these specialties are mostly utilized for PPO/POS membership